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ABSTRACT

In this study of the personality development of four-year-old children, we first attempted to evaluate the personalities of the children attending our research preschool in order to, on the basis of our clinical evaluations, discover a number of factors which would permit us to group the children. We then studied their families to see if we cound find specific and perhaps unique correlations between the children's personalities and the familial milieu. Our preschool nursery operated in four converted apartments of a public housing development on the near West side of Chicago, an area that had been exclusively black for many years. After watching the children in a classroom and observing them in free play, we decided to group the children into three categories on the basis of our clinical assessment of each child's competence, i.e., highly, moderately, or low competent. Our clinical background suggested that play interviews are most effective in assessing four-year-old children. On the basis of a semi-structured play interview, we were able to divide the children into three competence groupings. We examined the factors within the play interviews which contributed to our competence judgments and found it useful to consider three particular aspects of the child's play: organization, interpersonal skills, and content themes. (Author/JM)

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INTRODUCTION

The following report is a segment of a multi-disciplinary study of the factors involved in the adaptation of a group of ghetto preschool children. The overall project, developed in the early 1960's and in the social climate which led to the War on Poverty and its preschool component, Operation Head Start, involved both research projects and programs of social intervention in a black ghetto. The study of the personality development of four-year-old children was an on-going part of the project. The background for this study was previous work by Dr. Hirsch and his co-workers which investigated some of the factors which contributed to academic achievement or under-achievement in fifth grade students in ghetto schools. These studies suggested that many of the personality characteristics which appear to have contributed to academic success or failure in the fifth grade appeared firmly fixed by the time the children reached age 10. Consequently, we believed it would be valuable to study younger children to delineate further some of the developmental factors which led to

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the personality characteristics which either facilitated or mitigated against academic achievement. Our focus on academic achievement was brought about by the prevalent atmosphere of the '60's, which asserted that academic achievement is the major vehicle for upward mobility and social and economic success in the United States.

By the mid-60's there had been a great deal written and said about the personality characteristics of "poor people". A vast variety of intervention programs based on assumptions regarding the "essential nature" of poor people were developed. It became increasingly apparent that many people assumed that poverty populations were relatively homogeneous. The tradition of attempting to define modal personalities as either an end result of the study of socialization processes or an attempt to delinate socialization processes characterizes many studies of culture and personality. The fervor which surrounded the attempt at social revolution in the 1960's tended to lead to premature conclusions regarding the definition of such modal personalities among the poor, and particularly among the inner city black poor. Furthermore, investigators tended to attribute relatively simplistic antecedents to the development of these (questionable) modal personalities. Our own clinical experiences with substantial numbers of poor blacks in medical and in psychiatric settings not only disabused us of many simplistic formulations, but led us to suspect that assumptions

regarding the homogeneity of poverty populations, which seemed to underlie so much of the writing of that period, were simply not true. Among our primary goals was the assessment of functioning in a random sample of four-year-old black children from a public housing project in a poor area of Chicago. We were interested in discovering both homogeneous factors and the variations among these children. However, these pure research goals were subordinated to our desire to give professional service. We were committed to study the child in his environment and to follow his outcome in the setting of the inner city.

We, as many others, saw personality as the result of the interplay between the innate and the experiential, so that any study of personality would require us to observe and understand the child within the contexts of his family, his neighborhood and his broader culture. We focused particularly upon the family's and culture's overt and covert expectations of children, as well as the overt and covert factors which participate in their socialization.

Most of the good studies of cross-cultural personality development have come from empathic, knowledgeable, and dedicated workers, who live within the socializing environment (the family, community, etc.) for an extended period of time and collect and codify direct

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observations. Most students of cross-cultural personality development are understandably and justifiably wary of conclusions drawn about socializing experiences based on random, short duration, or intensive observations by "outsiders". It is commonly accepted that reliable data comes most frequently from observers who know the cultural setting and have taken the time and effort to become involved in child-rearing practices. The study of the nature and content of emotional disturbances in adolescent and adult members of the community, the study of myths and artistic productions, and the use of psychological projective test material may help investigators draw conclusions regarding personality types within a given culture as well as some of the socializing factors which may lead to these personality types.

Our group had neither the opportunity nor the expertise to embark on this type of study. We chose to bite off what we thought we might be able to chew and perhaps swallow, having some idea of the kind of scientific expertise, teeth and digestive tracts, that we possessed. We were primarily clinicians with backgrounds in psychoanalysis, child psychiatry and child psychology. We chose to use our expertise by trying to evaluate the personalities of the children attending our research preschool nursery. We hoped that on the basis of our clinical evaluations we would be able to discover a number of factors which would permit us to group the children - and then study their socialization. We began studying

the children by attempting to define them and then studied the families to see if we could find specific and perhaps unique correlations between the children's personalities and the familial milieu. This is an opposite approach to usual studies of socialization which begin with the larger social unit, and move from there to the individual.

The Preschool Setting

Our Pre-school nursery operated in four converted apartments of a public housing development on the near West side of Chicago, an area that had been exclusively Black for many years. Admission requirements to the housing project excluded the most deprived and disorganized families. These units, from which our population was drawn, housed 745 large families, averaging six children per family.

The physical environment of the housing complex consisted of stark, twelve-story high rise buildings with garbage, paper, old discarded household furnishings, broken bottles, and other debris in the areas immediately approaching the apartments. The stores in the area carried poor quality merchandise at high prices. Play space was inadequate and some of the playground equipment was unsafe and worn with age. The ramps or porches were often used by children for playing, and during the warm months, these ramps were filled with children and litter. Mail boxes were frequently broken and there was no available place for the occupant's names. This added

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to the feeling of anonymity and sense of depersonalization. Elevators were often dirty and carried a strong smell of urine. (There was no public washroom on the first floor. Young children playing on the playground had to take the elevator to their respective apartments - 7th, 8th, and 12th floors.) Ventilation was poor. Floors and walls were scarred and dirty. Garbage was often scattered near incinerators that were too small for the quantity of refuse accumulated by the large number of tenants. There were no doorbells for individual apartments, and it was often impossible to make oneself heard by knocking especially when the noise of "Elevated" trains passing nearby was intermingled with the noises of children playing on the ramps. Stairways were dark and dirty. Light bulbs were frequently broken or not in use. Many tenants, fearing the dangers of darkness, did not leave their apartments.

Sample

A. Selection of a Random Sample of Four-Year-Olds

A table of random numbers was applied to a list of all families in the housing project having four year old children who would be eligible for public school kindergarten the following year, in order to select those families who would be interviewed and asked to permit their children to attend the school. Except for instances of incorrect birth dates, families who had moved, and families whose four year olds were already attending other preschools, the parental response was excellent. Thus, despite the inevitable changes in life circumstances (moving, mother going

to work and taking the child to a baby sitter outside the project) the children attending the school were a representative sampling of the four-year-old children who lived in the housing project. Children, after selection, were not dropped from the enrollment unless it was clear that they were unable to attend.

B. Characteristics of Our Sample.

We collected extensive socio-economic data on our families. The following data indicate the usually stated indices of "disadvantage".

Occupation and Income. Average annual income was $4,269. (slightly above the "poverty level", as defined by the U.S. at that time). The father was listed as the main support for 56 percent of the families. Employed mothers supported 5 percent. Welfare payments supported 23 percent and the remainder of support depended upon relatives and other sources. Father's occupations ranged from semi-skilled or skilled (33 percent) to unskilled (21 percent). Employed mothers usually performed unskilled or domestic work.

Parents' Education. Twenty percent of the mothers and fathers finished high school. More mothers (38 percent) than fathers (28 percent) completed at least two years of high school, but failed to graduate. Twenty-six percent of the mothers and 21 percent of the fathers had not been educated beyond the eighth grade. The educational level of eight percent of the fathers was unknown. Thus, a median of tenth grade characterizes the educational

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level of our parents.

Parent's Birthplace. Only twenty percent of the mothers and 13 percent of the fathers were native to Chicago; 23 percent of the mothers and 36 percent of the fathers were born in Mississippi. The remaining parents migrated mostly from Alabama or Arkansas. Only four mothers had been in Chicago for less than ten years, many having been brought here while they were still in school. Thus the children of our sample were almost invariably born in the North of parents whose families had migrated from the South during their childhoods.

Marital Status. Sixty-two percent of the mothers said that they were married, twenty-six percent separated, and the remainder divorced, widowed or single. But questions about marital status have little psychological value in understanding children's experiences with adults. Data collected in the usual fashion showed that legal marriage relationships say little about the degree of emotional support provided by the child's parent(s), and virtually nothing about his experiences with other significant caretakers, particularly men. In some marriages, when the father was present, he was nothing more than a roommate. The child may have never seen him, or he may have witnessed fights between the parents, or the child himself may have had rows with his father. The child of an unmarried mother, or one who is in

a home where the parents are separated, may have pleasant visits with his father, or establish a good relationship with a male friend of his mother's. His mother and a male friend may provide a caring relationship which meets their developmental needs. This provides the child with a psychologically positive and supportive world in which to develop. Our experiences suggested that the continuity and consistency of a child's experience with men and women who care for him is one factor which makes a difference in how emotionally integrated the child is by age 4.

Number of Children. Average number of children was five to six. Our families tended to be larger than in many parts of the city since the housing project was built for large families. The number of children residing at home was the same as the total number of children in our project; these were predominently young families. Only one preschool child was the oldest of his sibship; about half were middle and half youngest children. The number of youngest children suggested that many of our mothers had decided against having more children. This was somewhat supported by informal reports.

Residence. All the children were born in Chicago. Their

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families had lived in public housing an average of 4.3 years (mean). Sixty percent of them had lived there since it was built, five years ago, and had never moved during the preschool child's life. Mobility is generally low for this housing development, primarily because it provides for large families who cannot easily find alternative housing. Those who can afford better housing usually wait until they can purchase a home.

Relatives in Home. Only two families had people in the home other than the nuclear family, a fact necessitated by housing authority regulations. Many reported close ties to extended family living in the city or in the South.

Defining Some Aspects of Personality Through Play

We had a number of goals in mind as we obtained random samples of the four-year-olds. First, we wanted to develop programs of intervention which would lead to a greater probability of academic achievement for these youngsters. Next, we wanted to define and delineate some of the factors which would predispose these children towards academic achievement or under-achievement. Among the factors that we were interested in studying were: a) general health variables; b) cognitive variables, and c) personality variables. In this presentation we will present data from the study of personality variables.

While our clinical backgrounds predisposed us to consider each of the children as a distinct individual and to attempt to study him in both depth and breadth, such a clinical study did not seem to be particularly appropriate for, nor complementary with, the remainder of the goals of th pre-school program. In accordance with the needs of other aspects of the program we utilized our clinical judgments to help group the children according to certain empirical criteria. Others on our staff (social workers and preschool teachers) used their own techniques of observation to group the children, thus permitting the sharing of data and consensual validation. We wanted to discover whether there were some stable and observable characteristics that would be seen by all observers utilizing their own frames of reference and their own means of observation.

After watching the children in a classroom and observing them in free play, we decided to group the children into three categories on the basis of our clinical assessment of the child's competence, i.e., highly competent, moderately competent, or low competent. All of the workers, no matter what their background, could agree upon the child's competence although their methods of observation and evaluation were different.

It was relatively easy to assign children to either end of

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the continuum, high or low competence; as expected there was less agreement concerning judgments about middle range competence.

The high competent children were easy to select. They did things well; their behavior was largely age appropriate; they seemed interested and interesting; they seemed able to master their world of people and things. They could interact with adults and peers for their own benefit. They seemed to find the world an interesting and challenging place.

The children at the low end of the spectrum were equally easy to spot. They were either withdrawn or perseverative, and seemed babyish or immobilized. Their play was usually simple, repetitive and uninteresting and many times they would not play at all. Watching such a child like this for five minutes in a free play setting was often sheer torture for the observer; there was nothing about the child or his productions that could maintain the observer's interest. The observer would usually shift his attention to another child or other children who happened to cross his field of vision. This tendency to "fade into the woodwork" was one of the most important characteristics of the low competence children. Adults and children would frequently talk past them and act as though they didn't exist. The low competence child did not provoke dislike in the adults or children around them. They simply did not get noticed.

The moderately competent children combined qualities somewhat between these two extremes and seemed to be made up of a number of different sub-groups. On the one hand, there were children who seemed to be well endowed with fairly adequate environmental and interpersonal skills but who would become inhibited by a variety of internal or interpersonal conflicts, thus prohibiting them from utilizing their strengths fully. On the other extreme were those children with relatively poor endowment but who had perseverance and good interpersonal skills and seemed to do things as best they could.

Approximately one-quarter of our children were defined as highly competent, one-quarter as low competence, and one half in the middle competence group. Similar observations were made by teachers, psychologists, and classroom observers using their own methods and frames of reference. We compared the competence ratings made independently by each of the different groups and found a remarkably high degree of agreement. We decided to continue with a similar approach with a new sample of children the following year.

Our clinical background suggested that play interviews are most effective in assessing four-year-old children. Clinicians who work with children have been using play interviews for over

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50 years and are convinced of the efficacy, validity and reliability of this technique. Play interviews within psychoanalysis, as innovated by Melanie Klein and creatively elaborated by such pioneers as Anna Freud, Erik Erikson and D.W. Winnicott, have provided incredibly rich insights into the workings of children's minds. Play techniques have also provided an extremely effective tool for therapeutic intervention with problem children.

On the basis of a semi-structured play interview, we were able to divide the children of the new sample into three competence groupings. We then attempted to determine: a) what were the factors within the play interview which led to our judgments of competence; b) the reliability of these measures between observers and c) the validity of our judgments, compared to judgments of the child's competence made by teachers, psychologists, classroom observers, as well as social workers' judgments during a home interview, each of whom had viewed the children from their own frames of reference and utilized their own measures of the children's behaviors. We discovered that our judgments of the child's level of competence, utilizing the semi-structured play interview, were both reliable and valid, that is, there were significant statistical agreements between our ratings of competence and those of a wide variety of other observers of the children in other contexts. We examined the factors within the play interviews which contributed to our competence judgments and found it useful to consider

three particular aspects of the child's play: a) organization; b) interpersonal skills, and c) content themes.

Clinicians involved in play interviews with children evaluate organization, interpersonal aspects and content of the child's play "intuitively", i.e., without benefit of structured instruments. However, since we were interested in both quantification and reproducibility, we found it necessary to develop some methods that would permit both. Consequently, on a new group of four-year-olds, we conducted semi-structured play interviews which were filmed. This provided us with a 15-minute segment from 36 children. The analysis of these segments provided a rich opportunity for research exploration of specific individual factors related to competence at age four.

We chose a short segment of silent film for a number of reasons, one of which was cost. There were other reasons, however, which affected our choice. The first was ease of analysis. Although 15 minutes of observation does not seem very long to clinicians who are accustomed to the traditional 45 or 50 minute play sessions with children, we found the amount of material in a 45-50 minute play session overwhelming and more than we needed. We also found it easier to analyze and attempt to understand the visual manifestations of the child's play by separating it

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from verbal content.[1]

We observed the children in a 30 minute semi-structured play session of which a 15 minute segment was filmed on 16 mm silent movie film and simultaneously tape-recorded. Play sessions took place in an observation room on the second floor of the preschool center after the children had been in school for about three months. All of the children had had previous experience in the observation room and each was acquainted with the white male psychiatric examiners who had visited their classrooms weekly. The children viewed the psychiatrists as men who would play with them and who had enjoyed watching them play. They were popular and the children would eagerly volunteer to come upstairs with such comments as, "It's my turn now," "I want to play with you now," etc. The children often tried to get an "extra turn" by pretending that they had not been upstairs yet. The children were assigned to examiners on the basis of having an equal number of boys and girls

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[1] An extremely important factor that we noticed over years of working with these children was that they were remarkably quiet. Most of the children talked very little or not at all when they played with us, even when encouraged to do so. This was not related to our being white, since we noticed the same phenomena when they dealt with black. Although they frequently spoke more in the presence of other children, they were still remarkably quiet. In the face of any new or strange situation which might arouse a degree of anxiety, our children seemed to speak very little. We were particularly struck by this in our play interviews with the children because it was in marked contradistinction to the ease of verbalization and the quantity of production of most middle and upper class four-year-olds that we had seen.

from each classroom.

For the first ten minutes the child and the examiner played with a mystery box which contained several toys and some candy. The candy was transferred to a cup to be eaten whenever the child wished. The filming began when the examiner introduced semi-structured play. The examiner took doll furniture and bendable black dolls from a sack and placed them on the table, inviting the child to play. The doll family included a father, mother, brother, sister and baby. The furniture included kitchen pieces (refrigerator, stove, sink, table and benches), bathroom pieces (toilet and bathtub), beds (two twin and one double), and a small baby bottle. Each functional group of furniture was color coded to facilitate identification. Although there were other toys available (including a plastic basin with water, a nursing bottle, and two small boats), most of the children played with the family dolls and furniture.

Each child was allowed to play with doll furniture and family for eight to ten minutes. The examiner then suggested that the children leave those toys and move to another part of the room to play with building blocks. Each examiner asked the child to "build a house like the one you live in" and to tell a story about it.

The camera and camera man, located in the next room, were visible through an open window. Almost all the children noticed

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the camera, asked about it, and were told that "the man is taking movies of us while we play". The filming lasted approximately fourteen minutes, usually finishing while the children were engaged in playing with blocks. After a short time the child was asked to help clean up the room and then the child and the examiner returned to the classroom.

We analyzed the film in regard to organization, interpersonal aspects, and psychosexual content of play.

The organization of the child's play gave us some idea of the child's way of perceiving and ordering his universe of people and things. This variable included both an estimation of the order and sequence, as well as the complexity of the child's play.

We were also interested in the interpersonal aspects of the child's play, which gave us some estimate of the child's relationship to the examiner and the nature and extent of feelings the child evoked in the examiner. We also gained information as to the child's ability to differentiate the dolls from each other and how he made the dolls interact.

Finally, we were interested in the content of the child's play. The content of child's play is often remarkably complex and offers myriads of interpretations. Psychoanalytic clinicians and investigators utilize form and interpersonal behavior, but particularly content to assess the child's level of both drive develop-

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ment and object relationships. Assessment of the sequence of play content is the most valuable means for discovering areas of conflict, the nature and degree of drive and ego regression, as well as the nature and efficacy of the restituting mechanisms (defenses and adaptations). Attempts to evaluate all of these factors proved beyond our capacities. We chose to limit our assessments of the content of the child's play to manifestations of themes which we believed reflected phases of psychosexual development. 1) through behavior during play; 2) the behavior with the examiner, and 3) the affects the child manifested during the play. We retained the traditional stages of drive development of psychosexual phases (oral receptive, oral aggressive, anal expulsive, anal retentive, and phallic vaginal) but expanded our criteria for evaluation to include aspects of object relationships. We were particularly concerned with determining the extent to which the children could differentiate people from themselves and from one another and their level of sophistication in making these distinctions. We were, in essence, interested in determining the child's impulses, and toward what and whom they were directed.

Description of High Competence, Low Competence and Medium Competence Children

High Competence

These three groups represent somewhat distinct, but overlapping positions on the hypothetical continuum of competence:

In regard to the specific ratings of their play, the high-competence children all manifested high degrees of organization. Their play was complex, orderly and followed predictable and comprehensible sequences; they used a variety of play materials and intermixed these materials creatively and symbolically. They were usually reflective and had moderate to excellent attention spans. The highly effective children were rated both as highly involved and effective with the toys in their play session. They were interested in playing, they showed a good deal of initiative, and they were effective in making the toys do what they wanted them to do.

In regard to interpersonal behaviors observers seemed to be universally engaged by the child's play, the child seemed to be interested and enjoy playing and usually responded positively to the examiner. In addition, the manifestations of interpersonal warmth, trust and comfort would be played out between different members of the doll families.

In regard to psychosexual content of play, the preschool child's play usually reflected all levels of psychosexual development. We judged the amount of play attributed to each of the developmental stages with no absolute standard of optimal quantity. The children were rated against their peers. The examiners, who had had considerable experience in evaluating the play of young

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children, found the range of play behavior to be very similar to that which they had observed in other children and settings. The high competence children's play reflected a high quantity of phallic/vaginal content, intrusiveness, triangular love/hate relationships and a moderately high quantity of anal retentive contents (e.g., orderliness, parsimonious, and obstinacy). They showed minimal amounts of oral receptive play.

High competence children function developmentally as lively and engaging four-year-olds. They invest energy in the outside world. They have established a reasonable measure of internalized control and some degree of trust in the predictability of adults. They generally expect good things to happen to them although the proportion of negative expectations may vary. These children are dealing with age-appropriate sex role issues which they play out in typical ways. They manifest less preoccupation with aggression or violence than the other groups.

Low Competence

Low competence children have little order and sequence in their play. A large number of these children play very little despite urging. When they play, it's usually simple, monotonous and perseverative. They are often compulsive and have a remarkably low attention span. The children had very little involvement and effectiveness with toys. It seemed that sometimes they didn't know what to do with them.

It is very difficult for the viewer or an examiner to be engaged by such a child. The interviewer

examiner usually feels apathy and boredom and is quite eager to have the play interview end. The child also seems quite uncomfortable with the examiner but has few techniques for expressing this discomfort except withdrawal. In addition, there was little interaction between members of the doll family, if the dolls were, in fact, used. This reflects a limited ability to portray relationships symbolically.

Regarding play content, we found oral receptive elements to predominate. This reflects the child's preoccupation with early care, support, and attention, and indicates early deprivations.

These children distrust adults and are concerned about the unpredictability of their environments. They are uncertain in their approach to people and objects, although they are not necessarily hyperactive or withdrawn. Their curiosity is profoundly inhibited, and they use nonexploratory and "avoidance" postures defensively. One might characterize their modus operandi as one of avoidance because they view their world as dangerous and feel they must "keep out of trouble". These children are in many ways similar to emotionally disturbed two year olds. They are different insofar as they function motorically and behaviorally as four year olds. They differ from well-functioning two-year-olds in their style of learning about the world. They use energy to figure out what to avoid as opposed to normal two-

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year-olds who invest a considerable amount of energy in exploring and trying out various parts of their environment. Unlike normal two-year-olds who are "into everything" these children are "out of everything".

Medium Competence

Medium competence children varied on the play session rating scales on organizational aspects, involvement and effectiveness with toys and inter-personal behaviors. They were never extremely low on any of these scales, while none of them rated extremely high or all of them. Variations on the scores were often characteristic of their ratings.

The middle competence children were divided into several groups regarding ratings on the psychosexual content of play. One had group's play centered around anal expulsive with moderate quantities of both anal retentive and oral aggressive elements. There were also minimal quantities of oral-receptive and phallic/vaginal play. These children, generally tended to score in the middle range of the organization, involvement and interpersonal related scales.

Another group of moderately competent children demonstrated considerable amounts of both phallic/vaginal and oral receptive play. These children, generally tended to show high ratings on the organization and involvement aspects of play and lower ratings on the personal relatedness scores. We found them relatively effective in a one-to-one situation but considerably less effective in other settings. (It seemed plausible to us that in the one-

to-one setting the child's early needs, which were reflected by the considerable amount of oral receptive play, could more easily be satisfied and the child could then go on to interact effectively with his environment. In a group setting the child's intense need for nurturance is less likely to be satisfied and his preoccupation with these unsatisfied needs is presumed to interfere with his effectiveness in the surroundings.)

The middle competence children represent a range of developmental strengths and weaknesses. In general, they interact with adults, use materials and actively struggle with issues of external and internal control. They do not seem to have the freedom for learning which is possible at age four because they are overly concerned with external controls and conflicts about which they feel relatively powerless. They have mixed evaluations about their self worth (predominantly negative), although they do not lack a concept of self.

Summary of Description of High, Low and Medium Competence Children

The high competence group showed concerns over stage appropriate developmental issues, a minimum of conflicts regarding earlier stages, and a capacity to move toward integrative resolutions. These children indicated superior cognitive differentiation in their fantasies, although they did not necessarily demonstrate verbal facility.

The children in the low competence group showed minimal

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concerns about stage appropriate developmental issues, a preponderance of conflicts regarding earlier stages, a tendency toward disintegration, and isolated segments of conflict free functioning. Without exception, these children demonstrated minimal cognitive differentiation, although they, too, demonstrated variable verbal facility.

The children in the middle competence group demonstrated concerns about earlier stages. The members of this group showed varying capacities to move toward integrative resolutions and different segments of conflict free functioning, and a relatively broad spectrum of cognitive differentiation and verbal facility.

Conclusions From Child Competence Data:

Two conclusions emerged from these observations: First, as suspected, characterization of ghetto populations as homogeneous were simply not borne out. There were, indeed, wide variations, at least in the competence of these children, and wide variations of the children's personality structure. Our data from our work with approximately 200 four-year-old ghetto children suggested that our original estimate reagarding the composition of the group of approximately one-quarter low competence children, one-quarter high competence children and one-half middle competence children was borne out. We rated the children relative to each other. Thus, it could reasonably be argued that we were finding variations within a relatively homogenous group, which would be markedly different than another sample of four-year-old children from a totally different setting.

While we cannot substantially disprove this contention, our impressions, based on relatively extensive clinical experience, play interviews and observations of four-year-old children in middle class and upper class white urban settings, suggests that such is not the case. Perhaps, the range and distribution of competence in our ghetto four-year-olds is not identical with that of white middle and upper class four year old populations, but we believe that there are as many similarities as differences between the two groups. The distribution curve of competence of the four-year-olds in the ghetto might be skewed toward the low competence end of the scale while that of the middle and upper class populations toward the high competence end.

Next, the predictive "power" of a single isolated 15-minute filmed silent play interview with a child greatly impressed us. While we had great clinical faith in the value and efficacy of play techniques, we in no way expected them to provide such a powerful predictive tool. We had expected that normal day-to-day variations in a child's circumstance, mood, physical health, preoccupation, or a myriad of other factors could influence, alter or skew the interview to give a picture that was not representative of the "true" or usual child. This assumption was false. The single isolated 15-minute silent film of the play session with the child was the best and most accurate predicter of almost all aspects of the child's behavior during his year at the nursery.

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We also believe this to be a remarkably good predicter of the important aspects of the child's future. Our follow-up data on these children will tend to confirm or deny this hunch. Nevertheless, whether this is borne out or not, from our observations, we are both struck and puzzled as to why this should be such a powerful tool.

Factors Leading to Competence

We have described high, middle and low competence children. We may next ask: 1) What factors influenced their being and becoming what we found them to be? and 2) Were there any factors which emerged that were "expectedly" or "unexpectedly" similar or dissimilar among all the children in our sample?

We chose to focus upon developmental aspects of socialization. While our data on the children are systematic, extensive, and intensive, our data on socialization, while extensive, are unsystematic and, all too often, superficial. We had a great deal of contact with our children's families. We worked with them, helped them, and frequently became collaborators and friends; we did not live with them in their houses on a day-to-day basis for extensive periods of time and therefore could not derive the kind of solid socialization data which are desirable in social anthropological investigations. We tried to understand our families and determine constellations, patterns, expectations, and child-rearing practices, particularly around developmental milestones such as conception, pre-natal care, birth and child care during various developmental phases, such as

particularly during the 4-week maturational crisis, the smile response, the various manifestations of the four separation and individuation phases of early childhood, and early aspects of the phallic/vaginal phase. The epigenetic unfolding of drive and ego development in these phases requires a facilitating environment to permit the maturational processes (in the words of Winnicott) to continue to unfold. Viewed in this developmental perspective, one can attempt to find not only the successes and failures in a facilitating environment but how each culture specifically provides for the facilitating environment as well. The more we know the more we realize that there is no one right way of providing adequate child care to insure development; there are a multiplicity of facilitating environments that will do the job. However, facilitating environment that permits maturation to unfold, skews the direction of the maturation a bit, and results in some of the intracultural similarities, variations, and profound varieties of the human condition.

We believe this area of investigation has great promise, and attempted to pursue it with our nursery school sample.

To return to our first question: What were some of the factors which might have contributed to our children being of high, middle or low competence?

First, let us look at some of the characteristics of the

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children's families.

Characteristics of the Mother

It is always risky to define or describe group differences, since one fears inclusion of those who really do not belong, or are quite different, for the sake of "neatness" or lack of information. The latter is especially true in this particular study since the information by which we define our categories is limited and subject to distortion. We all have many faces and it is wise to recognize that parents have a special face for the social worker or visitor who represents authority. Given these reservations and qualifications, we can cautiously distinguish some differences in the mothers of the children --- as we saw them.

Mothers of children who lack a sense of competence.

The group which seemed to be functioning with the least success is defined partly by their lack of differentiating their children. A child is described as "like his brother," "like any four-year-old," "a good boy". When asked what she enjoys most about her child, a mother in this group may respond, "when he's good," "when he's quiet." We believe the home atmosphere is not typically "child-oriented"; in most cases the child must frequently fend for himself. These mothers do not differ greatly in their stated goals for their children. Though some may place more

emphasis on obedience, they all say that education is important, that preschool is a good beginning, and that they want their children to learn. There are differences in the energy with which they implement these goals.

Other differences, probably related to the above, are reflected in the difficulty which the mother has in using the resources of the social worker and the preschool center. In spite of occasional friendliness, some mothers are quite inconsistent in their relationship to the social worker and the preschool personnel. (This is often manifested in their child's irregular attendance at the preschool). One often sees both warmth and hostility in the same conversation. (One mother served the social worker coffee and toast on a very cold day and a few days later locked the door, pulled the shades and pretended to be out of the house when the social worker arrived to pick up her son for preschool.) Mothers will talk to the social worker and make plans in regard to child or parent activities, but frequently these plans are not carried through. It seems extremely difficult for these mothers to establish a trusting relationship with the social worker. Indeed, it seems characteristic that the nature of their relationship to the social worker often does not change over the course of the year; inconsistency remains with its concomitant reaching out and then drawing back. It seems reasonable to believe that the inconsistencies we see in these

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mothers reflect their own background. Often they have not known love, affection, or consistent and predictable life styles. This has, of course, influenced their style of behavior toward their own children; having had inadequte models for affectionate, nurturant behavior, they often show the erractic, sometimes "hot", sometimes "cold" behavior of their models.

One knows the effectiveness of his own actions by the reaction of the people or objects in his environment. If the environment is inconsistent and actions are unrelated to a predictable outcome, one must eventually decide that his acts have no effects. We propose that this is what has happened to these mothers. They do not feel that their actions have any significant effect on the development of their children or on altering the circumstances of their own lives. Thus there is no feeling of responsibility to act, no urgency to send the child to school.

Some mothers form a trusting relationship with the social worker. If they do not always seek her out they keep appointments and will sometimes use her as a sounding board for discussing problems. Their lives and maternal styles may be influenced by almost overwhelming problems, but there seems to be the seeds of trust and the concomitant feeling that others may be helpful.
A third class of mothers becomes more actively involved in the affairs of the preschool center. (One mother who was initially described as "shy and distant" became the chairman of a Parent

Advisory Board and suggested the new name for the preschool center.) Though their relationship to their children or attitudes may not change rapidly, they have become involved with the preschool and actively use its resources. The possibility of change seems very real with this latter group of mothers.

Mothers whose children have a clear sense of competence.

The mothers functioning at the most competent end of our continuum are warm, verbal, at ease in their relationships with their children and in talking about their children. Their homes are typically family oriented. The parents enjoy their children and spend much time with them, -- going to baseball games, parks, reading to them, or just talking and answering questions. (One mother left a good job and went on welfare because she thought her children were suffering by her absence.) A mother in this group, when asked to describe her child, usually begins with interpersonal qualities, such as "he likes when I read to him," "he likes it when his older brothers and sisters do puzzles with him." Then they talk about events or activities -- "he likes to skate, ride a bike." They express emotion freely and often smile when talking of their families. These parents have clearly defined goals for their children, but they are not pushy, ("he can be anything he wants to be, but I would like him to go to college."), and they realize that they can be effective in implementing these goals.

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Though they are very aware of the dangers and problems in their situations and justifiably often feel anger, loneliness, and a sense of helplessness, they can verbalize these feelings and are actively trying to cope with their situations. They are able to form friendly relationships with other mothers and will share their experiences in regard to good buys on food, appliances, and so forth.

Parents in this group are interested in preschool affairs and readily to become involved. Late in the year two mothers took over the class for a week while the teacher was away. One can see a definite change in their relationship to the preschool and its staff over the year. Though they may have been reticent or shy initially, by the end of the year they were very frank in expressing their views on many issues and in comparing their views on child rearing to the teacher's.

These mothers are effective, despite much stress, and they derive some satisfaction from mothering. Most of the problems these mothers describe are less the result of their own life style than immediate and extended environment.

Mothers of mid-range children.

The mothers in the middle group differentiate their offspring and are aware of their own importance in determining their children's behavior. There may be fewer activities with the child and the

parents may view their roles more as disciplinarians than the highly competent mothers.

When asked to describe her child a mother in this group will usually begin with events, "He likes to watch T.V., to play outside," and then move to the interpersonal sphere. Descriptions of their children are not as consistently positive as those of the highest functioning mothers, but they are not negative. They seem less certain of their competence as parents than the mothers in the latter group, and are often more guarded and distant in the initial interview, though by the end of the interview they are more relaxed. Though they may be unsure of their own skills and perhaps evaluate themselves somewhat negatively, they are aware of their roles as parents and they feel reasonably effective as parents.

Summary of Differences Between the Three Groups of Mothers

Perhaps the most important differences between these three groups of mothers are the degree to which they feel they can be effective agents in their own environment, in childrearing and other spheres, whether they think their actions will "make a difference" including their awareness of the importance of their own influence in determining the development of their child. Together these variables determine the view of the world which they pass on to their children and their interest in participating in

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programs which may help them to be more effective in coping with their world.

Some Developmental Speculations
The Low Competence Children

All the low competence children manifested severe developmental difficulties. While no single diagnostic label would appropriately apply to most of the children, and while there was substantial intra-group variations regarding the precise constellation of their developmental difficulties, all of these children demonstrated personality deficits and distortions traceable to difficulties within the first eighteen months of life. Interestingly enough, while we saw over 100 four-year-olds relatively intensively and extensively and many siblings of our children less intensively, we saw only one child that we considered suffering from a childhood psychosis (she was autistic and retarded from birth). With a substantial number of children manifesting difficulties traceable to problems in the first year of life, one would expect some of the children to manifest some of the syndromes associated with childhood psychosis (childhood schizophrenia, infantile autism, and so forth) yet such was not the case. We have no ready explanation for this.

While there was substantial variation in what we estimated to be the children's "constitutional givens", in our opinion the major factors underlying the low competence children's developmental deficits and distortions were failures in the facilitating environment during the first eighteen months of life. Most of these difficulties seemed to stem

from their mother's inability to provide consistent positive mothering or to arrange for positive consistent surrogates. Perhaps the single most important factor had to do with consistency. Very few of these mothers were totally incapable of caring for their children, however, all of them appeared unable to provide good care consistently. The factors contributing to maternal inconsistency included the mother's own lack of consistent good care during her early childhood, the extreme difficulties related to living in the ghetto setting, such as the exegencies of personal poverty and an extremely dangerous environment, coupled with the unavailability and the mother's inability to obtain help for herself and her children. These mothers had no extended family to help them. When an extended family existed, family feuds, the mother's inability to effectively ask for help, or the extended family's "unawareness" of the mother's difficulties all contributed to her dilemma. These women usually did not have consistent or helpful husbands (or other men) available. They were unable to get their older children to be of any consistant help in child rearing. Thus, they were, for the most part, actually or emotionally alone in trying to survive and help their family survive.

These mothers would often give up and withdraw to bed, alcohol or promiscuity, but they would almost always return to their family and start again. Their withdrawal was transient, lasting from a few hours to a few days.

These mothers derived very little gratification from their children, no matter what their children's

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age. This was in marked and striking contrast to the mothers of the middle competence children who clearly enjoyed their infant children and the mothers of the high competence children who enjoyed their children throughout the preschool years.

While the mothers of the low competence children were inconsistent with their children throughout their pre-school years. the effects of this inconsistency were particularly striking during the child's first year of life, a period which includes the maturational unfolding of the 3-4 week developmental crisis, the smile response, and stranger and separation anxiety. These developmental milestones involve behavioral manifestations associated with the development of intra-psychic structure, associated with the development of increasing stable mental representations of the object world and the self.

At three to four weeks of age, as a result of maturation of the nervous system, the child becomes profoundly sensitive to stimuli from his internal and external environment but lacks the internal capacities (both physiologically and psychologically) to modulate or organize these stimuli. (see Benjamin, 19) Benjamin suggests that a "high risk" period exists usually from three or four weeks until about twelve weeks for the infant. The infant is almost totally dependant upon his environment to provide modulation and organization for internal and external stimuli.

The child may achieve (through maturation and development) his own capacities to modulate and organize stimuli from his inner and outer world. Lack of consistent care during this phase leads to a high predisposition towards disorganizing anxiety and profound difficulties in the successful integration of more advanced developmental phases. Benjamin believes that profound withdrawal, as an attempt to modulate and organize inner and outer stimuli, is one of the consequences of inadequate care during the period. We saw this repeatedly in low competence children.

The period of the social smile response (eight to twelve weeks) begins with maturational unfolding and becomes an important vehicle and manifestation of socialization. In Spitz's terminology it is a behavioral organizer, a way station on the road of object relations from pre-object to object. While we have no consistent data on the early development of the smile response in our low competence children and the social interactions around smiling during their infancy, our later observations were that these children almost never smiled and didn't seem to know how to use smiling in social interchange. Positive achievements of any kind were very rarely accompanied by a smile. Their mothers also rarely smiled or responded to a smile.

We inferred that these children had delayed development of both stranger and separation anxiety. By four, they were loosely

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attached to their mothers and others.

For the sake of brevity, we will not focus upon the extremely important developmental stage associated with eight month anxiety. Instead, we will focus upon some family vicissitudes which occurred during the child's separation-individuation phase which includes eight month anxiety.

Mahler describes the first subphase:

> The first subphase of the individuation process begins at the peak of the symbiotic phase, at the age of five or six months, and lasts for the next four or five months. It is the phase of differentiation in which we see a decrease of the hitherto complete bodily dependence. It coincides with the maturational growth of locomotor partial functions. It also includes looking beyond the immediate visual field (scanning), along with progress in hand, mouth, and eye coordination, expression of active pleasure in the use of the entire body, interest in objects and going after goals, active turning to the outside world for pleasure and stimulation. Primitive investigations of the mother's face, hair and mouth are characteristic of this period, as are peek-a-boo games initiated by the mother and taken over by the infant. All these functions

> emerge and are expressed in close proximity to the mother, and the infant's interest in his own body movements as well as in the mother seems definitely to take precedence over all activities.

This is the subphase of "passive" separation when the infant, who is still minimally mobile, begins to respond to being left by his mother (separation anxiety). .

This subphase is clearly problematic for the low competence children. During the first subphase the children are easier to handle than they were previously, they are less demanding, more able to get by with less care. However, the child's development of the exploratory and mastering functions which Mahler describes are not facilitated by the mother. The mother largely ignores the child since they are less of a bother. The maternal pleasure with the child's beginning functional development is sadly lacking in this group of mothers.

Regarding the second subphase, Mahler states:

> The second subphase of separation individuation (ten to fifteen months) is the practicing period. This period overlaps with the previous subphase and may begin at anytime after the tenth month. During this subphase, there is steadily increasing investment in practicing motor skills and ex-

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> ploring the expanding environment, both human and inanimate...The main characteristic of this subphase is the great narcissistic investment of the child in his own functions...As the child...begins to venture from his mother's feet, he is often so absorbed in his own activity that he seems oblivious to the mother for long periods of time. However, he returns to the mother periodically, seeming to need her physical proximity.

This subphase ends with the mastery of upright locomotion and the appearance of the affective semantic "no" response (Spitz) at about eighteen months. It may be considered the "active" separation phase, as the child leaves the mother (as he has been left) for ever increasing distances and periods of time.

The second subphase is extremely problematic for these mothers. The child becomes much more of a bother, demanding more time and attention, and the mothers view the child's developing autonomy with alarm. They almost universally misinterpret their child's behavior as undisciplined willfullness, which, if left undisturbed, will lead to a totally undisciplined person who will soon succumb to the evil forces of ghetto life; gangs, crime, drug addiction, prostitution, and so forth. The mother feels obligated to help secure the future of her child by quickly, completely and firmly

establishing discipline. The discipline is almost always achieved through beatings; beatings for what most observers would not consider willfullness but the "increasing investment in practicing motor skills and exploring the expanding environment, both human and inanimate." As expected, the mother's discipline is also inconsistent. When she is there and involved, she tries to help her child by disciplining him, but often she is not there, not involved or not up to it. These mothers have great difficulties with their children's negativism which for them, requires discipline. By four, these children manifest little if any negativism. This leads to a decrease in the mother's atrociously low self esteem, since she feels she is not doing her best for her children.

What are some of the outcomes of these child rearing practices? By age four we find that the low competence children view the world as an unpredictable, predominantly frightening and ungratifying place. They view people as equally unpredictable and ungratifying. They have a vague, amorphous view of themselves as powerless and ineffective. They are rarely happy and have little curiosity. They have variably mastered basic survival skills and spend most of their time trying to "get by", trying to comprehend and survive an unpredictable and hostile inner and outer universe.

The Medium Competence Children

The medium competence children seem to have experienced good care during the first year of their lives. The problems that they

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encountered in the facilitating environment center primarily around the second, third and fourth subphases of the separation-individuation phase. The families of these children have a variety of strengths. The mothers, in general, seem to have had good early care themselves. They are moderately able to use extended families during crisis and there is variable use of the extended family for early child care. Siblings frequently take on important aspects of early child care, but are inconsistently supervised in these roles.

The child's first year is smooth and gratifying. He seems to thrive, and mother seems to derive a great deal of gratification from her infant.

The medium competence mothers react to the child's beginning explorations during the practicing period in a manner identical to the low competence mothers. Medium competence and low competence mothers differed in their consistency; while the low competence mothers were inconsistent in their treatment of their toddlers during this subphase, the medium competence mothers were markedly consistent. These mothers misinterpret the child's beginning explorations as conscious willfulness which, if left undisciplined, will lead to the headstrong behavior which is thought to be precursors for delinquency, drug addiction, school drop-out, and the other negative outcomes of inner-city life. The mothers view their role as good mothers during this phase who must discipline

this willfulness out of the children. This is frequently accomplished by whippings.

Here is a poignant example. Early in the course of our work, one of the authors and a black woman family worker recruited from the neighborhood made a home visit. The visitors were treated courteously and the interview was pleasant. During the course of the visit a toddler kept leaving his mother's lap to explore playfully his surroundings. With each exploration the mother would spank the child and tell him to be quiet. The child, despite the punishment, continued exploring. The mother finally beat the child with a plastic jump rope across the back of his legs. The author was shocked and horrified, but managed to restrain himself from commenting. After the visit, while the author and the worker were returning to the nursery, the worker asked, "you know what that mother was trying to show you, don't you?" The author still chagrined, replied that he didn't. The worker then told him that she was trying to demonstrate what a good mother she was by showing how strongly, consistently, and effectively she disciplined willful behavior.

The child discouraged in the exploratory behavior of the practice subphase then enters the third subphase.

According to Mahler:

> The third subphase of separation-individuation is characterized by mastery of upright locomotion

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> (fourteen to twenty-two months); it is ushered in by the appearance of the gesture, of vocal affective expressions, of "no". By the middle of the second year of life, the infant has become a toddler. He now becomes more and more aware of his physical separateness...The relative obliviousness to the mother's presence, characteristic of the previous "practicing" subphase, is replaced by active approach behavior and the seemingly constant concern with the mother's presence. As he realizes his power and ability to physically move away from his mother, the toddler seems to have an increased need and a wish for his mother to share with him every new acquisition of skill and experience.

One significant characteristic of the third subphase is the great emotional investment in sharing with the mother. The degree of pleasure in independent functioning and in the ventures into expanding reality is proportionate to, and dependent on, the degree to which the child succeeds in eliciting the mother's interest and participation. It may be facetiously characterized by "Look, Ma, no hands." This is a central period during which the child develops skill and confidence in his own individuality under the watchful and helpful eyes of the mother.

This subphase is often difficult for medium competence mothers. They seem to derive little pleasure from their toddlers in either the exploratory maneuvers of the practice period or the increasing development of skills in the later period of rapprochement. The mother is frequently overwhelmed. There is the constant drain on her time and emotional energy by life in the ghetto. She frequently has a new infant to care for, and since she derives a great deal of satisfaction from infant care, the toddler is often ignored. This is a good phase for the mother. The child is frequently quiet and untroublesome. However, the child's curiosity seems to be inhibited and attempts at mastery are not facilitated.

According to Mahler:

> The fourth subphase is the period during which an increasing degree of object constancy (in Hartmann's sense) is attained (twenty-five to thirty-six months)...as this phase proceeds, the child is able to gradually accept once again separation from the mother (as he did in the "practicing" period); in fact, he seems to prefer staying in a familiar playroom without the mother, to going out of the room with her...Verbal communication, which began during the third subphase, develops rapidly during this period, and slowly replaces other modes of communication, although gesture language of the whole body and affectomotility still remain

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> very much in evidence. Play becomes more purposeful and constructive. There is a beginning of fantasy play, role playing, and make-believe. Observations about the real world become detailed and are clearly included in play, and there is an increasing interest in adults and the child's playmates. A sense of time begins to develop and, with it, an increased capacity to tolerate the delay of gratification and to endure separation... The extent of the characteristic potential crises of this phase depends upon the extent to which the mother understands and accepts the normal negativistic behavior, as well as the primary-process communications and actions of the child.

This phase is another in which the child actively moves away from the mother to master the environment. It combines with the newly developed negativism which may be facetiously described as, "Mother, I would rather do it myself." This phase is also one of profound turmoil between the medium competence mothers and children. The increasing autonomy and negativism are seen as potentially life-threatening personality traits to these mothers, and discipline by beating is again prevalent. Verbalization, particularly

aggressive verbalization, is met with harsh punishment. Therefore, most of the children are extremely quiet. Verbal and sound explorations, play characteristics of other children at this age, is notably absent.

We find silent and still medium competence children, who view the world ambivalently often seeing realistic and imaginary dangers but also believing that good things exist and that they can be achieved through means that largely escape them. They similarily view people ambivalently, seemingly expecting that ultimately there will be good things available to them, but they are not certain how to get people to give them these good things. These children also view themselves in an ambivalent manner, but they have a relatively cohesive sense of self. They feel that the major way of accomplishing their ends is through the extremes of compliance or negativism.

The High Competence Children

These children basically function well and come from well-functioning families but their range of individual characteristics is broader than either the medium or low functioning children. They cope successfully with the myriad of real problems involved in ghetto living, but they pay a price. There is so much to cope with in regard to their harsh current realities and there is little free time and energy available for emotional growth. These children develop their remarkable coping skills at an early age.

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They are often remarkably street-wise and mature for their years. They seem to have persevered and mastered specific developmental phases successfully.

There are problems between the families and the children in the second and fourth subphases of separation-individuation. These mothers, as the other two groups of mothers, view the child's developing autonomy during the first and second years with great alarm, and discipline their exploratory behavior severly. However, they are still able to derive profound gratification from their children, even during these phases. The parents particularly enjoy and delight in the child's accomplishments during the period of rapprochement. In contrast to the "whipping story" of the medium competence mother, high competence mothers will state with a gleam in their eye that their child, who is asserting his autonomy, is "bad". The twinkle in her eye and the smile on her lips graphically state that it is her good and treasured child who is acting badly in this instance. These children were universally well into the oedipal phase of their development when we saw them at age four.

These children viewed new people with reasonable suspiciousness but, once assured, were friendly. They expected, and almost demanded help and positive interaction from adults. They had a clear view of themselves as positive, competent individuals.

Black pride became an important social phenomena during the time of our work. It was

clearly reflected in our preschool by the high competence children. They wore the afros, and some even wore dashikis. They also manifested some negative feelings towards the whites in the program. A few of the medium competence children, but none of the low competence children, displayed these symbols and behaviors of Black pride. By now all of the children in the area of the preschool probably have the external signs of Black pride, but the internal meaning that gives it high significance is relevant only to the high competence children and a few of the medium competence children. The high competence children at age four, are coping with a realistically difficult world. They are able to bring to it phase-appropriate accomplishments.

The Conflict Concerning Autonomy

We were able to demonstrate heterogeneity in the personalities of our random sample of four-year-old children and their families. We also discovered a number of common threads which ran through the fabric of our entire group. Here, we would like to consider one of those threads, the conflict concerning autonomy.

All of the families seemed to view the early stages of the child's beginning developments of autonomy with alarm and chagrin. The child's early exploratory activities were viewed as the first step on a short road to personal destruction. They were seen as early manifestations of conscious willfulness which if permitted to go unchecked would lead surely and quickly to the child's

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destruction in adolescence or adulthood by the evil forces in the environment, particularly gang warfare, crime, drug addiction, prostitution, and so on. There was also a high degree of agreement among our groups of parents on how to deal with these early manifestations of "willfulness", the major method of discipline considered effective was physical beatings.

There were differences in the ways the low, medium and high competence families viewed their "willful" toddlers, as well as how they enforced their disciplinary actions. The low competence families had difficulty in viewing their toddlers as individuals and received little gratification from them at any age. Discipline was enforced inconsistently as in almost every area of interaction while the medium competence parents viewed their infants extremely positively and found great gratification, they were still a bother and had to be kept in check to prevent their future destruction. Discipline was enforced consistently and effectively around the issue of "willfulness". The high competence families viewed their toddlers as discrete entities but in positive terms. They derived great gratification from them and saw the "willful" issue as potentially dangerous in a child that was otherwise considered excellent.

Virtually all of the children were both motorically and verbally inhibited in a new or stressful situation. The first and major mode of dealing with new and unique circumstances, which were commonly viewed as potentially threatening, was inhibition.

The duration of inhibition varied depending both upon the child and circumstances. Given a new and realistically non-threatening situation there seemed to be a relatively direct correlation between the child's level of competence and the duration of inhibition. The high competence children would be inhibited for the shortest amount of time, the low competence children for the greatest amount. Once their inhibition had been overcome, the high competence children handled the new situation well and productively, the low competence children handled it poorly and unproductively.

Since one of our goals was to help the children learn effectively, the child's view and reactions to new situations assumed increased significance insofar as their responses will interfere with the acquisition of learning skills. The interplay of 1) viewing new situations as dangerous and 2) reacting to the new situation with both verbal and motor inhibition results in a marked decrease of curiosity and exploratory behavior. These are essential elements for effective learning. In our sample, the children's degree of inhibition of curiosity was variable, but inhibition was present in all of them. In the low competence children, despite intensive and extensive efforts, we often could never overcome it, while in the high competence children the inhibition was usually short and curiosity would later bloom.

To return to our initial focus, what are some of the reasons

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involved in this conflict concerning autonomy? The development of autonomy is central in psychoanalytic theories of personality development. Most psychoanalysts believe that there are particular stages in the epigenetic unfolding of drives and ego development which are particularly involved in development of autonomy. Freud emphasizes the anal phase is particularly important for the development of the sense of self and self-awareness. Erikson correlated and expanded Freud and other analysts' ideas when he postulated his second psychosexual phase, which center around the conflict between autonomy and shame and doubt. Most psychoanalysts believe that under good enough environmental conditions, the stepwise development of intrapsychic autonomy is a human attribute. This in no way precludes a wide variety of different forms of social interaction ranging from profound mutual interdependence to relative independence. It could be postulated from psychoanalytic developmental theory that the maturational stages of unfolding development, such as the three to four weeks developmental crisis, the smile response, and the four subphases of the separation-individuation phase, as described by Mahler, probably occur in all children in all societies. Cultures deal with them variably, but there are usually consistent patterns of child-rearing dealing with these unfolding phases over many generations.

Returning to our questions, What does the conflict concerning autonomy consist of in our group, and where did it come from?

Greer and Cobbs, in "Black Rage" suggest that it is an outcome of slavery. They postulate that black slave families found it both necessary and expedient to inhibit their children's assertiveness so that they would not be killed or sold. Black families had to develop child-rearing practices that would curb those aspects of the child's assertiveness that too could lead to disaster.

There is a great deal to recommend these anthropological assertions, but we would suggest looking further. It appears to us that the environment is one of the most important factors which leads to the evolution of child-rearing practices. Child-rearing practices dealing with manifestations of toddlers' separation and individuation vary greatly, depending upon the nature of environment. When a group lives in a relatively threatening, hostile environment, child rearing practices which curb the child's early motility seem appropriate. In benign environments there is little reason for the development of such child-rearing practices. Child-rearing practices around separation-individuation would differ in groups that live in, for example, jungles as opposed to plains. Extending these speculations, we might then wonder whether the child-rearing practices which curbed the cockiness of children in the slavery environment did not have important precursors and roots for the blacks who came from "hostile ecological environments". Child-rearing practices change very slowly. We know that even in the face of relatively major therapeutic inter-

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ventions, parents tend to raise their children the way they were raised. Even under conditions and circumstances of great change, if a society does not massively and consistently alter child-rearing practices, these practices tend to remain remarkably conservative.

For the four-year-olds and the families that we dealt with there have been three successive hostile environments, Africa, southern slavery, and more recently the urban ghetto. The nature of each of the hostile environments is profoundly different. The personality characteristics needed to successfully cope with each of these environments both similarities and differences. Perhaps the legacy of personality characteristics of conservative child-rearing practices in the parents contributes to the persistence of personality traits and characteristics which are not highly adaptive to realities; such as the conflict concerning autonomy and its effects.

Suggested Readings

1. Aspects of Personality Development

   A. The three to four week maturational crisis

      I. Benjamin, J.D.: "Developmental Biology and Psychoanalysis" in: Greenfield & Lewis, Psychoanalysis and Current Biological Thought, Madison: University of Wisconsin Press, 1965 pp 57 - 80

   B. Smile Response

      I. Wolff, P.H.: "Observations on the Early Development of Smiling" in: Determinants of Infant Behavior, Vol. 1, Foss, B.M. (Ed) London: Methuen, 1961, pp 179-196

      II. Spitz, R.: "The First Year of Life, A Psychoanalytic Study of Normal and Deviant Development of Object Relations", New York: Int. Univ. Press. 1965, Chapter 5 "The Precursor of the Object", pp 86 - 108

   C. Stranger Anxiety

      I. Benjamin, J.D.: "Further Comments on Some Developmental Aspects of Anxiety" in: Counterpoint, Gaskell, H.S. (Ed) New York: Int. Univ. Press, pp 121 - 153

   D. Separation Anxiety

      I. Bowlby, J. (1960) "Separation Anxiety", Int. J. Psychoanal; 41, pp 89 - 113

   E. Separation - Individuation

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c) Chapter 12 - The Self and Ego

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Chapter 13 - Negro Lower-Class Identity and Culture pp 361 - 397

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Chapter 6 - The Psychosocial Characteristics of the Children from a Developmental Viewpoint (C.A. Malone)

Chapter 7 - Developmental Deviations Considered in the Light of Environmental Forces (C.A. Malone)

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Structure and Process

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Play Session Behavior Scale

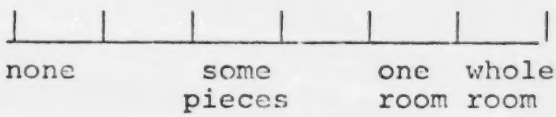
Name_____ Sex: M F Code #

Rater_____ Date_____ Rater Code_____

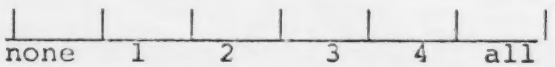
Organizational Aspects

A. *Order and Sequence of Play*

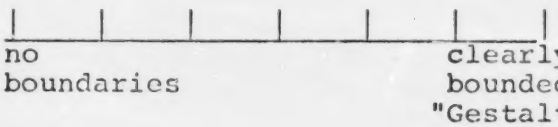
1. Furniture--does child make recognizable combinations with furniture pieces?



2. Dolls--are the roles of the doll family differentiated?



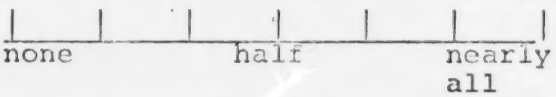
3. Spatial Organization (or table and toys)--does child organize toys on the table with some sense of enclosure or boundaries (independent of how he organizes the toys in relation to each other)?



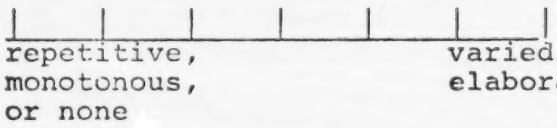
4. Sequential aspects of play--does the play with furniture and dolls follow step-by-step? Is there a sense of continuity from one play bit to the next?

B. *Complexity of Play*

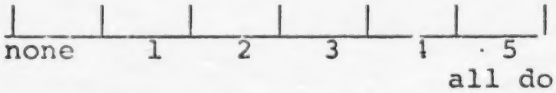
5. Furniture--how many pieces of furniture were used?



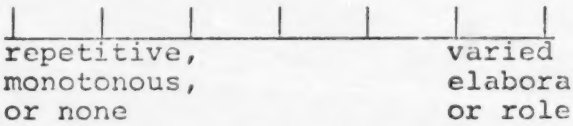
6. Variety of uses of furniture.



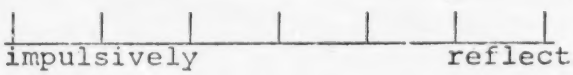
7. Dolls--how many were used in play? Number:



8. Variety of uses of dolls.



9. Reflectiveness--how does the child approach and begin to play with toys? Does he grab at them impulsively, or to comtemplate them, appearing planful in his use?

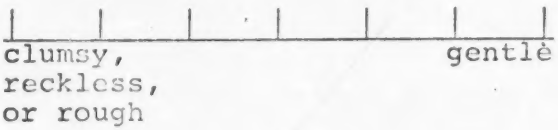


10. Attention--concentration or focus on play activity.

Involvement and Effectiveness with Toys

11. Interest in playing with toys.

12. Handling of toys--general manner of grasping and manipulating toys.



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13. Initiative in playing with toys--plays without notable assistance from examiner.

doesn't take initiative						takes ready initiative

14. How effective is child in manipulating furniture to make it do what he wants?

ineffective						very effective

15. How effective is the child in making dolls do what he wants?

ineffective						very effective

Interpersonal Behavior

A. Viewer (or examiner) affective response to child during play session--we assume a child "evokes" responses in the viewer (or examiner) and these are the responses *in yourself* that you are rating.

16. Is viewer engaged by child? Can you get involved with him and his play?

very difficult to focus on child						very easy to focus on child

17. Do you enjoy watching the child's play?

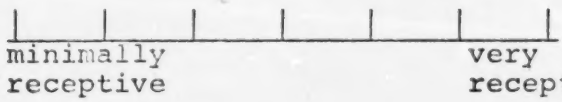
not very enjoyable						enjoy child's play a lot

B. Child's affective response--viewer (or examiner) is now being asked his or her impression of child's affect as manifested during the play.

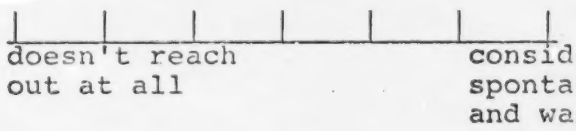
18. Child's emotional comfort.

uncomfortable most of the time						comfortable most of the time

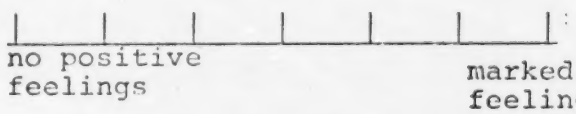
19. Child's receptiveness to examiner's reaching out, warmth, etc.



20. Child's spontaneous reaching out to examiner.



C. Responsiveness of dolls to one another--viewer is now rating interpersonal behavior between and among the doll family figures.



22. Negative feelings expressed by dolls to each other.

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Psychosexual Content Rating Scale

(use attached manual for ratings)

Name_____ Sex: M F Code #_____

Rater_____ Rater_____ Date_____

	Doll Play	*Block Play*	*Behavior*
Oral Receptive	1._____		9._____
Oral Aggressive	2._____		10._____
Anal Expulsive	3._____	6._____	11._____
Anal Retentive	4._____	7._____	12._____
Phallic	5._____	8._____	13._____

Mark each of the thirteen variables on the following 6-point scale:

1 = none

2 = minimal quantity

3 = low moderate quantity

4 = high moderate quantity

5 = marked quantity

6 = very marked quantity

Manual for Rating
Psychosexual Content of Play

Oral Receptive

Play themes: survival, primarily centered about bodily care

1. concern with doll's mouth
2. feeding
3. cooking
4. concerns with kitchen furniture
5. eating and drinking
6. concerns with bodily care: cuddling and soothing, rocking, sleeping
7. peek-a-boo games
8. concerns with faces

Behavior during play:

1. mouth activity, mouthing, sucking, yawning, drooling
2. eating and feeding
3. clinging, rocking, sleeping, feeling, touching, rubbing
4. use of objects (things) for soothing and security through holding and touching
5. frequent or major startle response
6. playing peek-a-boo
7. mirror play without recognition
8. fixed smile responses

Behavior with examiner:

1. closeness and or avoidance: without content

Affects during play:

1. confidence
2. mistrust
3. greed
4. generalized irritability

Oral Aggressive

Play themes: survival, primarily concerned around results of rage at oneself and to others

1. biting, devouring
2. scolding
3. screaming
4. aggressive kissing
5. forced feeding
6. eating, and or immediately followed by disruption and disorganization
7. tearing, scratching
8. use of kitchen furniture in aggressive play
9. disorganized aggressive play in which dolls are interchangeable and show no individuality

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Behavior during play:

1. biting of self and objects
2. picking, tearing, scratching at self or objects
3. verbal assertiveness, screaming
4. extreme and rapid mood swings
5. stranger discomfort (photographer) followed by disorganization and/or fear

Behavior with examiner:

1. moving away from examiner for content--poor exploration with frequent return to closeness for emotional reassurance

Affects during play:

1. stranger anxiety
2. separation anxiety (protest, despair, detachment)
3. stranger comfort
4. suspiciousness
5. anger expressed is clearly recognizable in oral terms (biting, verbal aggressiveness, tearing) and leads to destruction of self or object

Anal Expulsive

Play themes: maintenance of love--concerns about results of own rage on loss or maintenance of other's love

1. disorganized use of bathroom furniture
2. fighting between dolls, primarily butting, kicking, burying, drowning
3. messiness with play materials
4. water play: messiness and splashing, spilling, overflowing, getting water on self and all over
5. interest in the undersides and insides of things, trying to get the insides out
6. disorganized aggressive play in which dolls show individuality
7. preoccupation with smells

Behavior during play:

1. generalized oppositional behavior
2. tantrums
3. extreme mood swings
4. messiness: running nose with wiping, wetting pants, soiling
5. flatus, flatus-like noises
6. explosiveness in movements, awkwardness
7. unorganized aggressive behavior with hands, fingers, small muscle masses
8. unfocused profuse verbalization, cursing (dirty words)
9. slovenliness
10. dropping, misplacing, losing things

11. preoccupation with smells
12. leaves toys a mess, doesn't clean up
13. perseverative play

Behavior with examiner:

1. closeness to examiner; child feels examiner *must* watch what he is doing

Affects during play:

1. anger expressed by bodily activity, primarily muscular and by innundation
2. affection expressed by giving of gifts
3. pride in production and/or the product

Anal Retentive

Play themes: maintenance of love centered around pride in accomplishment through self (primarily bodily) control

1. bathroom focus
2. toileting of dolls
3. bathing
4. cleaning, setting things in order
5. creating boundaries with furniture
6. discipline with rules and orders, playing out of "chores"
7. getting things perfect
8. procrastination
9. obstinancy
10. concerns about punishment--spankings
11. collecting and hoarding
12. interest in tunnels, underground passages (with girls may be phallic)
13. water play: washing, cleaning, boating

Behavior during play:

1. concerns about rules, regulations
2. concerns about punishment
3. neatness, grooming, cleanliness
4. deliberate movements
5. negativism in regards to specifics
6. docility--compliance
7. procrastination
8. brooking no interference
9. picking at anus, ears, nose, any cavity
10. repetitive, controlled large muscle movements
11. mirror play with recognition and pleasure

Behavior with examiner:

1. "I'd rather do it myself." Pleasure in doing things on own without examiner's help or need for examiner's approval

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Affects during play:

1. shame
2. disgust
3. doubt
4. pride in accomplishments particularly through self-control
5. anger expressed through bodily controlled aggressiveness and oppositional behavior
6. obstinancy

Phallic

Play themes: sex (genital preoccupation with triangular love-hate relations)

1. parent dolls embracing, kissing, dancing, jumping up and down on beds
2. child doll intruding into an heterosexual pair
3. play focused on genital areas
4. building of towers or enclosed spaces
5. concerns with missing and/or broken parts
6. concerns regarding which and what is bigger
7. concerns regarding where babies come from, how they are made
8. concerns regarding the anatomical differences between sexes
9. concerns regarding discovering and filling of cavities (purses, bags, etc.)
10. concerns regarding respiratory functions--air, etc.
11. flying
12. breaking into things
13. anything you can do I can do better "showing off"
14. competitiveness for goal--usually third party

Behavior during play:

1. active assertive exploration
2. genital manipulation or repetitive rubbing of body parts
3. showing off bodily prowess
4. coyness
5. flirting behavior, strutting, coquettishness
6. competitiveness--constructive aggression, intrusion--putting self into things--(assertion) I wonder what will happen if...
7. autonomy--self-assertiveness

Affects during play·

1. guilt
2. phallic or vaginal ~~pride~~ pride in body ("see how pretty [handsome] I am")
3. anger expressed verbally, fantasy, and physically toward specific body damage
4. jealousy